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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A 371 OF PCT/EP00/01443 02/23/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

UNITED KINGDOM 9905134.4 03/06/1999  
UNITED KINGDOM 9917470.8 07/27/1999

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 5	TOTAL CLAIMS 44	INDEPENDENT CLAIMS 2
Verified and Acknowledged	Examiner's Signature	Initials			

**ADDRESS**

23347

**TITLE**

Medicament delivery system

<b>FILING FEE RECEIVED</b> 1422	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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